



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL.: 587-0460 FAX: 587-0470

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LOBBYIST REGISTRATION FORM

(See back of this form for instructions) STATE OF HAWAII
(Type or Print Clearly) HAWAII STATE ETHICS COMMISSION

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Husted, Joan			833-2711
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
1200 Ala Kapuna St., Honolulu, HI. 96819			
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			(City) (State) (Zip Code)

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
Hawaii State Teachers Association	833-2711
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
1200 Ala Kapuna St. Honolulu, HI. 96819	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Maurice Morita	833-2711
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
1200 Ala Kapuna St. Honolulu, HI. 96819	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (Indicate below)
<input type="checkbox"/> Ecology, Energy, Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Joan Husted
(Signature of Lobbyist)

3/3/03
(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Karen Ginoza, President	
NAME OF ORGANIZATION (If applicable)	TELEPHONE
Hawaii State Teachers Association	833-2711
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.	
<u>Karen Ginoza</u> (Signature of Authorizing Officer or Person Represented)	(Date)